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STATISTICAL BULLETIN
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# Occupational Fatalities Decline to New Low Figure in 1932

THE LOW level of industrial employment reached in 1932, and, in particular, the decreased activities in the more hazardous industries, such as railroad transportation, mining and quarrying, the building industry, and the manufacture of heavy metals, was largely responsible for the very low occupational fatality rate recorded among adult white male Industrial policyholders of the Metropolitan Life Insurance Company. The occupational fatality rate for the year was 22.9 per 100,000, the lowest in the Company's experience, covering a period of twenty-one years. It was 16.1 per cent. less than that for the year before, when the previous low was recorded. Similarly, the occupational fatality rate for adult colored males declined to a new low figure, 21.7 per 100,000 in 1932, a decline of 19.3 per cent.

Since 1929, when the present decline in industrial activities set in, the occupational fatality rate for white male Industrial policyholders has dropped 36 per cent.; while the rate for colored male policyholders has dropped 44 per cent. These declines are somewhat greater than are indicated by the estimates of the NATIONAL SAFETY COUNCIL for industrial workers generally. This organization estimates that there were 20,000 deaths as the result of industrial accidents in 1929, 17,500 deaths in 1931, and only 15,000 deaths in 1932. Our figures, based on insured lives, would indicate a lower toll for last year—not more than 13,000 deaths.

As might be expected, each of the principal means of occupational injury showed a marked decline in the rate for 1932 from that for 1931, among adult white male Industrial policyholders. The rate for traumatism by falls, the leading means of accidental deaths of this character, declined 18.8 per cent. for the year. Since 1929, the rate for this means of injury has declined 23.5 per cent. Occupational automobile accidents in 1932 was again second in importance to falls. The rate for this means of injury declined 21.7 per cent. This fall in the rate for 1932 is in contrast to the marked increase in the rate between the years 1930 and 1931.

Traumatism in mines and quarries displaced traumatism by machines, in 1932, as the third most important means of fatal occupational injury. The rate for traumatism in mines and quarries was 2.7 per 100,000; a decline of 10 per cent. for the year, while the rate for traumatism by

machines was 2.4 per 100,000; a decline of 22.6 per cent. The rates for these means of injury declined 42.6 per cent. and 46.7 per cent. respectively since 1929. Steam railroad accidents, which, a few years ago, were the leading means of occupational injury, ranked fifth in importance in 1932.

Substantial declines were also recorded in 1932 for accidental drowning, and for occupational accidents from the use of electricity, and on street railways. There was no change in 1932 in the rates for accidental burns (conflagration excepted), and for the absorption of irrespirable gases. The accompanying table shows the deathrates for each principal means of occupational injury for white male Industrial policyholders for the period 1929 to 1932. A table, giving the complete series of deathrates from 1912 through 1931, will be found on page 3 of the STATISTICAL BULLETIN for March, 1932.

The decline in the occupational fatality rate has not been uniform by ages, among adult white males insured in the Industrial Department of the Metropolitan Life Insurance Company. A comparison of the deathrates by ages in 1932 with those for the period 1921 through 1930 inclusive, shows that the greatest decrease has been made at the younger ages, and the least decrease at the older ages. In the age period 15 to 19 years, there was a decline of 66.2 per cent., and in the age period 20 to 24 years, there was a drop of 50 per cent. At the more advanced ages, the declines were under 20 per cent. Part of the decrease at the younger ages reflects, of course, the tendency which has been going on for a long

## *DEATHRATES FROM OCCUPATIONAL INJURY*

*By General and Specific Means of Injury, per 100,000 White Males at Ages 15 and Over. Metropolitan Life Insurance Company, Industrial Department, Weekly Premium-Paying Business, 1929–1932*

| MEANS OF INJURY | DEATHRATES PER 100,000 | | | | PER CENT. DECLINE | |
|---|---|---|---|---|---|---|
| | 1932 | 1931 | 1930 | 1929 | 1931 to 1932 | 1929 to 1932 |
| ALL OCCUPATIONAL DEATHS | 22.9 | 27.3 | 31.0 | 35.9 | 16.1 | 36.2 |
| Accidental burns (conflagration excepted) | 1.0 | 1.0 | 1.7 | 1.1 | ... | 9.1 |
| Accidental absorption of irrespirable gases | .4 | .4 | .3 | .5 | ... | 20.0 |
| Accidental drowning | 1.0 | 1.3 | 1.5 | 1.7 | 23.1 | 41.2 |
| Traumatism by fall | 3.9 | 4.8 | 5.4 | 5.1 | 18.8 | 23.5 |
| Traumatism in mines and quarries | 2.7 | 3.0 | 3.5 | 4.7 | 10.0 | 42.6 |
| Traumatism by machines | 2.4 | 3.1 | 3.5 | 4.5 | 22.6 | 46.7 |
| Steam railroad accidents | 1.6 | 1.9 | 2.6 | 4.9 | 15.8 | 67.3 |
| Street railway accidents | .3 | .5 | .4 | .3 | 40.0 | ... |
| Automobile accidents | 3.6 | 4.6 | 3.8 | 3.8 | 21.7 | 5.3 |
| Electricity (lightning excepted) | .9 | 1.5 | 1.9 | 2.4 | 40.0 | 62.5 |
| All other means | 5.1 | 5.2 | 6.4 | 6.9 | 1.9 | 26.1 |

time for young people to remain at school rather than to enter industry. Restricted employment under present conditions has had the effect of keeping the more expert workmen at their jobs, with a consequent decrease in fatal accidents.

## 152 Millions Paid in Death Claims to Metropolitan Beneficiaries During 1932

THE Metropolitan Life Insurance Company paid in death claims to its beneficiaries, in 1932, nearly 152 millions of dollars ($151,792,034). This is approximately three times the sum disbursed only ten years ago.

For the ninth successive year, more money was paid on account of heart disease than for any other cause. Disbursements for this condition were responsible for more than one-seventh of all the money paid out in claims during the year. The increasing mortality rate of heart disease during the last ten years has raised the percentage of the total from 13, in 1922, to 15.2, in 1932. The three principal degenerative diseases—heart disease, chronic nephritis and cerebral hemorrhage—account, jointly, for 28 per cent. of the 1932 disbursements.

All forms of accidental death together were responsible for payments of more than $16,000,000, or about one-ninth of the total. This is approximately three and one-half times the sum paid out for accidents ten years ago. Nearly two and one-half millions of this sum, however, were paid as a result of the extension to Industrial policyholders of double indemnity benefits, which were not paid ten years ago. Even when allowance is made for this extra sum, nearly three times as much money was disbursed in 1932 as in 1922 on account of accidental death.

The most outstanding contrast between the disbursements of 1932 with those of ten years before is that for tuberculosis. The marked decline which has taken place in the tuberculosis deathrate has been reflected, yearly, in a decreasing ratio of the sum paid out in death claims on account of this disease. Ten years ago, tuberculosis was responsible for a larger proportion of the total disbursements than was any other cause of death. Today, for every dollar paid out for this disease more than two dollars is paid for heart disease, and a dollar and a half is disbursed for cancer. The payments for tuberculosis now exceed only slightly those for chronic nephritis and for cerebral hemorrhage. Almost a million dollars less was disbursed in 1932 for tuberculosis than for influenza and pneumonia combined.

Because of the persistent rise in the cancer rate, the actual amounts paid out from year to year and the percentage of the total have both increased. In 1932, nearly one dollar in every nine disbursed was paid out on account of cancer.

Despite the fact that influenza prevailed in epidemic form at the end of 1932, less money was disbursed for both influenza and pneumonia than during the previous

## *DISBURSEMENTS*

*For Specified Causes of Death, 1932 and 1922 Compared. Metropolitan Life Insurance Company. Premium-Paying Policies. All Ages.*

| Diseases or Conditions | Amount | | Per Cent. of Total | |
|---|---|---|---|---|
| | 1932 | 1922 | 1932 | 1922 |
| All Causes of Death | $146,126,677* | $51,390,649* | 100.0 | 100.0 |
| Typhoid fever | 263,789 | 396,873 | .2 | .8 |
| Diphtheria | 121,762 | 221,334 | .1 | .4 |
| Influenza and Pneumonia | 11,115,280 | 5,125,868 | 7.6 | 10.0 |
| Influenza | 2,751,681 | 1,391,568 | 1.9 | 2.7 |
| Pneumonia | 8,363,599 | 3,734,300 | 5.7 | 7.3 |
| Tuberculosis—All forms | 10,374,941 | 6,729,575 | 7.1 | 13.1 |
| Tuberculosis of resp'y system | 9,563,879 | 6,270,782 | 6.5 | 12.2 |
| Cancer—All forms | 15,567,969 | 4,629,568 | 10.7 | 9.0 |
| Diabetes mellitus | 3,117,747 | 1,003,302 | 2.1 | 2.0 |
| Cerebral hemorrhage; apoplexy | 9,085,456† | 3,468,304 | 6.2† | 6.7 |
| Diseases of heart‡ | 22,230,686 | 6,658,505 | 15.2 | 13.0 |
| Chronic nephritis (Bright's disease) | 9,712,869 | 3,826,252 | 6.6 | 7.4 |
| Puerperal state—total | 1,139,129 | 1,013,418 | .8 | 2.0 |
| Total external causes | 25,024,802§ | 6,396,598 | 17.1 | 12.4 |
| Suicides | 7,421,606 | 1,030,007 | 5.1 | 2.0 |
| Homicides | 1,595,535§ | 609,341 | 1.1 | 1.2 |
| Accidents—total | 16,007,661§ | 4,752,778 | 10.9 | 9.2 |
| Accidental drowning | 1,353,072 | 524,824 | .9 | 1.0 |
| Traumatism by fall | 2,266,030 | 473,813 | 1.6 | .9 |
| Railroad accidents | 1,202,252 | 419,865 | .8 | .8 |
| Automobile accidents | 5,597,047 | 866,556 | 3.8 | 1.7 |
| All other accidents | 5,589,260 | 2,467,720 | 3.8 | 4.8 |
| All other diseases and conditions | 38,372,247 | 11,921,052 | 26.3 | 23.2 |

*Gross amount paid in death benefits in 1932 was $151,792,034; in 1922, it was $52,822,927. The above tabulation does not include death benefits paid on paid-up and extended term insurance policies.

†Not strictly comparable with the figure for 1922.

‡Excluding pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

§Not strictly comparable with the figure for 1932. Since 1928, the Company has extended to Industrial policyholders a double indemnity accidental death benefit without extra premium. Additional accidental death benefits for 1932 were $4,485,079, of which $3,026,776 was paid on Industrial policies.

year. The pneumonia deathrate has shown a very decided drop in the last ten years, with the result that the percentage of the total disbursements declined from 7.3, in 1922, to 5.7, in 1932.

The sums paid out in settlement of death claims arising from pregnancy and childbirth are substantially the same as they were ten years ago, and the percentage of the total is less than half that in evidence at that time, although the number of women policyholders has greatly increased. The education of insured women in personal hygiene, the supervision of midwifery, and the extension of nursing care, both prenatal and postnatal, have been the chief factors in the reduction of the puerperal deathrate and in the proportion of death claim disbursements for these diseases.

Two items—typhoid fever and diphtheria, find places in our table simply to show how negligible they have become in the death claim disbursements of the life insurance companies. In ten years, the typhoid fever mortality rate has been cut more than two-thirds; and where eighty cents out of every hundred dollars of death claim disbursements was paid on account of this disease in 1922, only twenty cents was paid in 1932. Within the same period, the growing practice of immunization of children against diphtheria has reduced the death-rate from that disease nearly 80 per cent., with the result that only one-tenth of 1 per cent. of all the money paid out in death claims in 1932 was on account of diphtheria.

Suicide is becoming an item of increasing importance in the budgets of the life insurance companies. Instead of the two dollars per hundred, which were disbursed for this cause ten years ago, five dollars per hundred was paid out in 1932. It should be understood, nevertheless, that this increase for suicide is not a matter of the last two or three years. The tendency has been upward since the middle of the last decade.

The table on page 4 shows, for the years 1932 and 1922, the amount of money disbursed in death claims on account of each of the more important causes of death, together with the percentage of total disbursements paid for each cause.

## The Probability of Dying from Organic Heart Disease

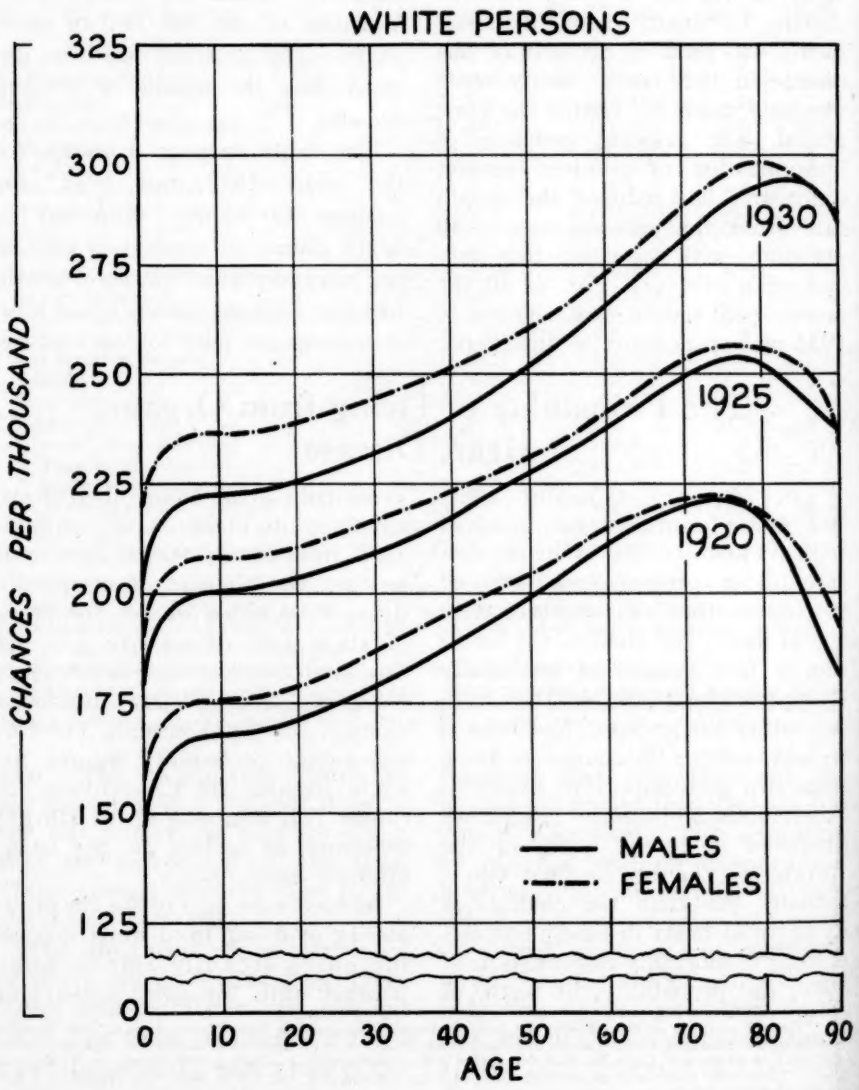
Out of every thousand white males born, over two hundred will eventually die of heart disease under present conditions of mortality; that is, approximately one in five. The chances (at birth) are in fact greater of eventually dying from heart disease, than from any other single cause, and even if we add together the chances of dying from two such important causes as tuberculosis and cancer (which we discussed in recent issues of the BULLETIN), the sum for these two is actually less than the chances of dying from heart disease. For, according to mortality conditions as of 1930, the probability, at birth, of eventually dying from tuberculosis, among white males, is 43 per thousand, from cancer, 90 per thousand; so that the chances of eventually dying from either one or the other of these two causes are 133 per thousand, and less than the chances of dying from "heart disease,"* namely, 203 per thousand. The corresponding probability figures for white females are tuberculosis 36, cancer 122, summing up to 158 per thousand, as against 220 per thousand for heart disease.

At successive ages of life, the probability of dying from heart disease increases steadily among white persons until the neighborhood of

*For the purpose of this article, the causes comprised under the term "heart disease" are those of International Classification of Causes of Death, Code Number 79 of the 1910 classification, in dealing with mortality of 1920; and Code Number 90 of the 1920 classification, in dealing with mortality of 1925 and 1930. These two combinations are not quite strictly comparable, but differ only with regard to a few relatively minor subclasses.

# CHANCES PER THOUSAND OF DYING FROM ORGANIC HEART DISEASE

## U.S. REGISTRATION STATES OF 1920 IN 1930, 1925, 1920



the eightieth year of life, after which it decreases again. This is clearly seen in the accompanying diagram, which also brings out other points of interest. The diagram shows curves separately for white males and white females, and for the calendar years 1920, 1925 and 1930.

The curve for the later period lies in each case above that for the earlier period; for organic heart disease, like cancer, has accounted for an increasingly large proportion of the total deaths in past years. This is, in part, merely the inevitable accompaniment of the decreasing proportion of deaths from those causes over which we have gained control, and so far as this is concerned, the increasing probability of eventually dying from heart disease is not a cause for solicitude on our part. However, as we know from a study of the age-specific death-rates, there is also an actual increase in the mortality from diseases of the heart at ages after 25 for white males and after 45 for white females.

Another interesting feature to which the chart immediately draws our attention is the fact that the probability of dying from heart disease, in the white population at any rate, is greater for females than for males. This is consistently the case in the three calendar periods examined. The difference is not very great and is probably due, in whole or in part, to the familiar fact that women are longer lived than men and that, therefore, there must be a relative predominance of deaths among the former from causes characteristic of the older ages; and among these, organic heart disease is preeminent.

In this study the classification organic heart disease is such as to exclude angina pectoris. This latter disease claims a relatively small proportion of victims in the total of deaths, but is, nevertheless, important and exhibits certain peculiar characteristics. We shall refer to this again in another issue.

## The Standard Classified Nomenclature of Disease

A NEW nomenclature of disease, compiled by the NATIONAL CONFERENCE ON NOMENCLATURE OF DISEASE, was published in January. This supplies a long-felt want, as the several medical nomenclatures now in use in the United States differ greatly one from another, and are of varying degrees of excellence. As a result, it has been impossible to obtain comparable and adequate morbidity statistics from the large number of hospitals and institutions of the country. The completion of the new nomenclature, when generally adopted, will assure a mass of really comparable hospital statistics on a national scale.

The new nomenclature provides for a dual classification of diseases, on an etiological and anatomical basis. It is divided into eleven anatomical divisions and the same number of etiological catagories. For the first time, provision is thus made for the inclusion, for purposes of hospital statistics, of *all* diseases of an organ. We may, by way of example, take *tuberculosis of the lung*, which now becomes classifiable and recordable both with lung diseases and with

tuberculosis. Under the old nomenclatures, such a term as *syphilis of the heart* was classified only under the syphilis rubric; but the new nomenclature finds a place for this condition, also, as a disease affecting the heart, without dissociating syphilis from the record of the sickness.

Provision is made for recording secondary as well as primary diagnoses; and in case of death, the *Manual of Joint Causes of Death* (U. S. Bureau of the Census) is the accepted guide for classification.

Cooperating in the planning and preparation of the new nomenclature were several of the Federal services, that is, the Medical Departments of both the ARMY and the NAVY, the U. S. PUBLIC HEALTH SERVICE, the BUREAU OF THE CENSUS and the VETERANS BUREAU. These were joined by the AMERICAN PUBLIC HEALTH ASSOCIATION, the AMERICAN MEDICAL ASSOCIATION, the AMERICAN STATISTICAL ASSOCIATION, the AMERICAN HOSPITAL ASSOCIATION, and others. Almost all of the leading clinical societies representing the various medical specialties were represented.

The new system has received the formal approval of more than twenty clinical societies, and has been adopted by some of the largest hospitals in the country, among which may be mentioned the PRESBYTERIAN AND ASSOCIATED HOSPITALS, MOUNT SINAI, the NEW YORK POST-GRADUATE and the HOSPITAL FOR JOINT DISEASES, all in New York City; the NEW HAVEN HOSPITAL; PETER BENT BRIGHAM HOSPITAL, Boston, ROCHESTER GENERAL HOSPITAL; PENNSYLVANIA HOSPITAL, Philadelphia, and the CLEVELAND UNIVERSITY HOSPITALS.

The work has been financed by the COMMONWEALTH FUND, the METROPOLITAN LIFE INSURANCE COMPANY, the PRUDENTIAL INSURANCE COMPANY OF AMERICA, and the CONNECTICUT GENERAL LIFE INSURANCE COMPANY, assisted by contributions from several of the medical groups who participated in the preparation of the nomenclature. It is planned to keep the nomenclature constantly abreast of the progress of medicine which will require that it be subjected to frequent revisions. The Conference has been guided throughout by DR. HAVEN EMERSON and DR. GEORGE BAEHR; but the major share of the responsibility for completing the work goes to DR. H. B. LOGIE, who devised the dual form of classification of diseases. The book can be obtained from the COMMONWEALTH FUND, 41 East 57th Street, New York City.

## Health Record for January, 1933

IF WE were to gauge the health outlook for 1933 by the January deathrate, the prospect would be anything but promising; for this year's January figure (10.8 per thousand) is the highest recorded for the initial month of any year since 1929 and, with the exception of 1929, it is the highest January mortality rate for more than a decade. The fact is, nevertheless, that a number of years have made excellent health records despite bad beginnings. Nineteen twenty-nine itself is a conspicuous example. In the winter of that year, the influenza

situation was decidedly bad; but during the year, health conditions improved to such an extent that we were able to refer to 1929 as a year that marked "continued progress of the American and Canadian public health movement" and as one which "except for the setback in the first few weeks, would have registered the very best of all health records" up to that time. It is nevertheless true that health conditions from now on will need to be exceptionally good to counterbalance the January setback and to establish a record for the year, at, or near, the remarkably low mortality figure for 1932.

A higher January deathrate, as compared with January, 1932, obtained all over the United States and in Canada. In the Pacific Coast and Mountain States, the mortality rate of Metropolitan Industrial policyholders was 17 per cent. higher than in January, 1932; in the rest of the United States, there was a rise of 25 per cent.; and in Canada, one of 14.5 per cent.

January was featured by high mortality from influenza and pneumonia. The deaths from these two conditions, in fact, were responsible for nearly one-fifth of the total mortality from all causes combined. Comparison with January a year ago shows sharp increases for cancer, diabetes, cerebral hemorrhage, heart disease and suicides and smaller rises for a number of other causes of death.

It is hoped that the sharp increase of 13.4 per cent. in the cancer deathrate, as compared with that for January a year ago, does not presage continuance of the abrupt rise recorded in both 1931 and 1932. If so, the cancer mortality rate among insured wage-earners, in 1934, will, for the first time, pass 100 per 100,000. In the general population of the United States, it probably exceeded this point, in 1932, inasmuch as a new maximum of 98.9 per 100,000 was reached in 1931. Between 1930 and 1932, the cancer deathrate among Metropolitan Industrial policyholders rose 15.8 per cent.—a greater increase than was recorded in the entire eleven-year period 1920 to 1930.

The January deathrate for diabetes (32.4 per 100,000) has never been even closely approached in any month of any preceding year. The widespread prevalence of influenza, such as was experienced in January, was unquestionably an important factor in this unprecedented mortality among diabetics. It is significant that the previous high point in the diabetes deathrate (28.8 per 100,000) was also recorded during an influenza epidemic, namely, in January, 1929, a month in which nearly one-third of the deaths were charged to influenza or pneumonia. Diabetics who become victims of influenza are frequently without sufficient resistance to withstand both diseases; and their deaths occur during these outbreaks, instead of later.

On the favorable side, the year has started with a very low diphtheria deathrate and with only a negligible rise in the mortality from tuberculosis. The January record for tuberculosis is, in fact, encouraging; for, if a month registering such high general mortality can pass with virtually no increase in deaths from tuberculosis, it is an excellent indication that, as health conditions again approach normal,

the tuberculosis mortality rate will resume the declining tendency which has been in evidence for years.

Automobile fatalities were much less numerous in January than during the corresponding month of last year. It is entirely possible that, following the decline of 1932, 1933 will see a further drop in the death-rate from this type of accident. While this improvement may be in part a reflex of a decrease in the number of automobiles in operation and in the actual mileage traveled, there is also evidence to suggest that the safety campaigns of the last decade have begun to bear fruit and have prompted the average motorist to be more careful.

The deathrate in the large cities of the United States during January was 13.1 per thousand estimated population, as compared with 12.7 in December and 12.2 in January, 1932. Measles, scarlet fever and smallpox were more prevalent throughout the country in January than in December; there were fewer cases reported of diphtheria, poliomyelitis, typhoid fever and influenza. Comparison with January, 1932, shows more sickness from influenza, measles and scarlet fever, together with lower prevalence of diphtheria, poliomyelitis, smallpox and typhoid fever.

The increase in measles cases is considerable, reports from 23 states showing 18,696 cases in January, as compared with 11,541 in December. The largest increases were reported from New York, Ohio, Minnesota, North Carolina and West Virginia. Reports from 46 states show 20,524 cases of scarlet fever in January, as compared with only 17,347 in December. The increase occurred principally in the northeastern section of the country and was particularly marked in New York, Pennsylvania and Ohio.

The influenza epidemic is abating, the peak having been reached during the first week of January. Reports still indicate many cases in the northeast, more especially in New England. The epidemic which started in September, in California, spread fanlike throughout the country during the fall months. The states showing the largest increases, in January, were Massachusetts, Connecticut, New Jersey, Maryland, West Virginia, North Carolina and Wisconsin. Throughout most of the rest of the country, more or less substantial decreases were observed.

The following items are of special public health interest. A survey of philanthropic foundations recently completed by the TWENTIETH CENTURY FUND, revealed that, in 1931, the field of medicine and public health received total donations of more than $17,000,000. Improvements made in the preparation of diphtheria toxoid, and the excellent results obtained from this immunizing agent, have led the NEW YORK CITY DEPARTMENT OF HEALTH to discontinue the manufacture of toxin-antitoxin and to use toxoid in its place. According to the Department's *Weekly Bulletin*, there is, with toxoid, no possibility of sensitizing an individual against subsequent injections of serum and hence no possibility of anaphylactic shock because of a previous immunizing injection against diphtheria.

## METROPOLITAN LIFE INSURANCE COMPANY

Deathrates* per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis)

MONTHS OF JANUARY, 1933; DECEMBER, 1932 AND JANUARY, 1932

| CAUSES OF DEATH | ANNUAL RATE PER 100,000 LIVES EXPOSED* | | | | |
|---|---|---|---|---|---|
| | Jan. 1933 | Dec. 1932 | Jan. 1932 | YEAR | |
| | | | | 1932 | 1931 |
| TOTAL—ALL CAUSES | 1077.7 | 941.2 | 870.0 | 856.2 | 877.0 |
| Typhoid fever | .8 | 1.8 | 1.5 | 1.7 | 2.4 |
| Measles | 1.5 | 1.0 | 2.2 | 1.7 | 3.2 |
| Scarlet fever | 4.3 | 3.2 | 2.3 | 2.8 | 3.2 |
| Whooping cough | 3.3 | 2.0 | 2.7 | 3.0 | 3.6 |
| Diphtheria | 3.6 | 5.2 | 6.1 | 3.9 | 4.5 |
| Influenza | 81.6 | 35.9 | 15.5 | 18.9 | 21.1 |
| Tuberculosis (All forms) | 68.7 | 66.8 | 67.7 | 69.8 | 76.2 |
| Tuberculosis of respiratory system | 63.3 | 60.2 | 60.1 | 61.7 | 67.2 |
| Cancer (All forms) | 94.6 | 95.9 | 83.4 | 90.8 | 84.1 |
| Diabetes mellitus | 32.4 | 26.9 | 22.1 | 23.0 | 21.1 |
| Cerebral hemorrhage, apoplexy | 75.1 | 67.9 | 65.7 | 62.0 | 60.4 |
| Diseases of heart‡ | 206.5 | 169.5 | 156.7 | 155.4 | 147.9 |
| Pneumonia (All forms) | 124.8 | 95.1 | 83.6 | 65.6 | 73.7 |
| Other respiratory diseases | 13.0 | 14.1 | 10.6 | 9.4 | 9.8 |
| Diarrhea and enteritis | 7.6 | 6.1 | 8.5 | 11.1 | 15.7 |
| Chronic nephritis (Bright's disease) | 76.1 | 75.8 | 72.6 | 68.4 | 67.0 |
| Puerperal state—total | 10.4 | 8.2 | 9.9 | 10.4 | 11.7 |
| Suicides | 11.1 | 8.7 | 8.7 | 10.6 | 10.0 |
| Homicides | 6.0 | 5.4 | 6.2 | 6.1 | 7.0 |
| Accidents—total | 55.8 | 54.8 | 53.0 | 54.7 | 60.6 |
| Automobile accidents | 19.4 | 19.4 | 23.3 | 18.9 | 22.0 |
| All other diseases and conditions | 200.4 | 196.9 | 190.7 | 186.7 | 193.8 |

*The rates for 1932 and 1933 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

‡Excluding pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

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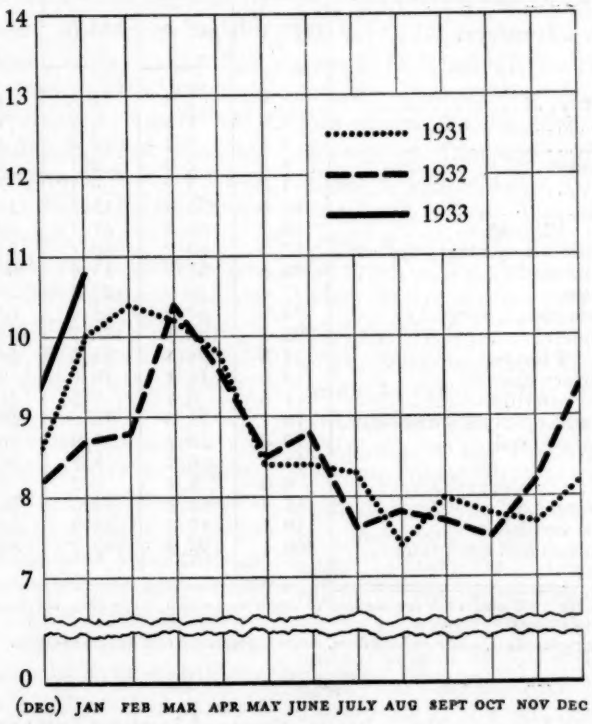
# *DEATHRATES FROM ALL CAUSES*

*in the Metropolitan Life Insurance Company*
*Industrial Department*

DEATHRATE PER 1,000—ANNUAL BASIS




| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1931 | 10.0 | 10.4 | 10.2 | 9.8 | 8.4 | 8.4 | 8.3 | 7.4 | 8.0 | 7.8 | 7.7 | 8.2 |
| 1932* | 8.7 | 8.8 | 10.4 | 9.6 | 8.5 | 8.8 | 7.6 | 7.8 | 7.7 | 7.5 | 8.2 | 9.4 |
| 1933* | 10.8 | | | | | | | | | | | |

**Rates for 1933 and 1932 are provisional*

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